



Vision benefits are an easy way for you and your dependents to maintain healthy vision and eyes. With State of Texas Vision<sup>SM</sup>, you can save money on eye exams and eyewear for you and your family with a small monthly premium and low copays.

State of Texas Vision covers an eye exam and includes an allowance for eyeglass frames or contact lenses once every plan year, as well as discounts for LASIK. The plan gives you an annual \$200 retail allowance to use towards either contact lenses OR eyeglasses (frames and lenses) in the same plan year. For example, if you choose to use your \$200 allowance to purchase contact lenses, you will not have an allowance for eyeglasses for the remainder of the year.

## State of Texas Vision Plan administrator change

Starting Sept. 1, 2023, EyeMed Vision Care, LLC (EyeMed) will be the new administrator of State of Texas Vision. Superior Vision Services, Inc. will continue to administer the plan through Aug. 31, 2023.

## Vision coverage comparison chart, in-network services

Vision plan participants have access to EyeMed's INSIGHT network which includes independent, national and regional retailers and online providers. All allowances are retail; you are responsible for any charges in excess of the retail allowances, minus available discounts. Discounts are not funded benefits and may vary or change based on provider or manufacturer. Beginning June 26, you can search the EyeMed provider network at [member.eyemedvisioncare.com/stateoftexasvision](http://member.eyemedvisioncare.com/stateoftexasvision).

Vision Care Services	In-Network Member Cost	Out-of-Network Member Reimbursement
<b>Exam services</b>		
<b>Exam</b>	\$15 copay <sup>1</sup>	Up to \$40 after \$15 copay
<b>Contact Lens Fit and Follow-Up<sup>2</sup></b>		
<b>Fit and Follow-up – Standard</b>	\$25 copay <sup>1</sup>	Up to \$100
<b>Fit and Follow-up – Premium</b>	\$35 copay <sup>1</sup>	Up to \$100
<b>Frame</b>		
<b>Frame</b>	\$200 retail allowance; 20% off amount over \$200	Up to \$75
<b>Lenses</b>		
<b>Single Vision</b>	\$10 copay <sup>1</sup>	Up to \$30
<b>Bifocal</b>	\$15 copay <sup>1</sup>	Up to \$45
<b>Trifocal</b>	\$20 copay <sup>1</sup>	Up to \$60
<b>Progressive – Standard<sup>3</sup></b>	\$70 copay plus bifocal \$15 <sup>1</sup>	Not covered
<b>Lens Options</b>		
<b>Polycarbonate - Standard</b>	\$40 copay <sup>1</sup>	Not covered
<b>Scratch Coating - Standard Plastic</b>	\$10 copay <sup>1</sup>	Not covered
<b>Tint - Solid and/or Gradient</b>	\$10 copay <sup>1</sup>	Not covered
<b>UV Treatment</b>	\$10 copay <sup>1</sup>	Not covered
<b>Anti-Reflective Coating - Standard</b>	\$40 copay <sup>1</sup>	Not covered
<b>Contact Lenses</b>		
<b>Contacts - Elective</b>	\$200 allowance	Up to \$200
<b>Contacts - Medically Necessary</b>	\$0 copay	Up to \$210
<b>OTHER</b>		
<b>LASIK or PRK from U.S. Laser Network</b>	15% off retail or 5% off promo price; call (800) 988-4221	Not covered
<b>Retinal Imaging</b>	You are responsible for 100% of the cost, which is up to \$39 for EyeMed customers.	Not covered

<sup>1</sup>Covered in full after copay is met.

<sup>2</sup>A Contact Lens Fit and Follow-Up has its own copay and is separate from the eye exam copay. Standard Contact Lens Fit and Follow-up applies to a current contact lens user who wears disposable, daily wear, or extended wear lenses only. Premium Contact Lens Fit and Follow-up applies to new contact wearers and/or a participant who wears toric, gas permeable, or multi-focal lenses.

<sup>3</sup>Standard progressives are covered in full after a \$70 copay. The \$15 bifocal copay also applies to standard progressive lenses. For premium progressive lenses (in-network only), the plan coverage is up to the in-network plan payment for standard progressive lenses.